EXHIBIT 1

IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

IN RE: NATIONAL FOOTBALL LEAGUE	:	No. 2:12-md-02323-AB
PLAYERS' CONCUSSION INJURY	:	
LITIGATION	:	MDL No. 2323
	<u> </u>	
	:	Hon. Anita B. Brody
THIS DOCUMENT RELATES TO:	:	
	:	
ALL ACTIONS	:	

DECLARATION OF ORRAN L. BROWN, SR.

I, ORRAN L. BROWN, SR., hereby declare and state as follows:

- My name is Orran L. Brown, Sr. I am the Chairman and a founding partner of BrownGreer PLC, located at 250 Rocketts Way, Richmond, Virginia 23231. BrownGreer PLC is the Claims Administrator under the Class Action Settlement Agreement in this action.
- 2. I am over the age of 21. The matters set forth in this Declaration are based upon my personal knowledge and information.
- 3. I submit this Declaration to describe six Opt Out revocation requests we recently received.
- 4. In its April 22, 2015 Final Approval Order and Judgment, the Court directed the Claims Administrator to make public a list of Opt Outs as of that date. We posted on the official Settlement website a list of the Opt Outs that were timely and included all the elements required for a valid Opt Out under Section 14.2(a) of the Settlement Agreement (175 names at the time) and a list of the Opt Outs that were untimely and/or were missing one or more of Section 14.2(a)'s required elements (33 names at the time).
- 5. Section 14.2(c) of the Settlement Agreement provides that a Class Member who had Opted Out but wished to revoke that Opt Out could submit a written request to do

so "[p]rior to the Final Approval Date." At various times after the April 22, 2015 Final Approval Date, 53 people who had Opted Out submitted requests to revoke their Opt Outs. The Parties to the Settlement Agreement agreed to accept those revocation requests, subject to Court approval, and reported the requests to the Court. By Orders of July 15, 2015 (Document 6642), December 22, 2015 (Document 6713), January 26, 2016 (Document 6739), September 15, 2016 (Document 6907), October 25, 2016 (Document 6924), November 8, 2016 (Document 6937), December 21, 2016 (Document 7033), January 18, 2017 (Document 7084), January 20, 2017 (Document 7097), February 6, 2017 (Document 7119), March 9, 2017 (Document 7264), March 20, 2017 (Document 7297), March 28, 2017 (Document 7374), April 11, 2017 (Document 7471), April 13, 2017 (Document 7478), April 24, 2017 (Document 7547), May 2, 2017 (Document 7594), May 18, 2017 (Document 7674), May 25, 2017 (Documents 7763 and 7764), June 26, 2017 (Document 7848), July 17, 2017 (Document 8023), July 18, 2017 (Document 8033), July 19, 2017 (Document 8038), and July 25, 2017 (Document 8076), the Court approved 51 of the 53 revocations. The recent revocations of Johnny N. Robinson and Anthony Yary are pending before the Court (Document 8074). Each time the Court approved a revocation, we no longer counted that person as an Opt Out and posted on the Settlement website a revised list of Timely Opt Out Requests Containing All Information Required by Section 14.2(a) or Otherwise Approved by the Court (the "Timely Opt Out List") to reflect the results of the Orders. That Timely Opt Out List now contains 130 names, including six persons whose Opt Outs the Court directed be added to that list in its Orders of September 8, 2016 (Document 6902) and March 6, 2017 (Document 7244).

6. We recently received new revocation requests from six persons on the Timely Opt Out List:

(a) Howard Ballard: Attachment 1 to this Declaration.

(b) Steve Baumgartner: Attachment 2.

(c) Tyrone Carter: Attachment 3.

(d) Paul Palmer: Attachment 4.

(e) J'Vonne Parker: Attachment 5.

(f) George Rogers: Attachment 6.

We removed personal information from these attachments. The Parties to the Settlement Agreement agreed to accept both revocation requests, subject to Court approval. If the Court grants its approval, we no longer will count these six persons as Opt Outs and, upon direction of the Court, we will post a revised Timely Opt Out List on the Settlement website.

I, Orran L. Brown, Sr., declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing is true and correct. Executed on this 26th day of July, 2017.

Orran L. Brown, Sr.

CONCUSSION SETTLEMENT

No. 2:12-md-02323 (E.D. Pa.)

REQUEST TO REVOKE OPT OUT FROM SETTLEMENT CLASS

A person who Opted Out of the NFL Concussion Settlement may request to revoke that Opt Out by completing this form and sending it to the Claims Administrator. The Claims Administrator will present the request to the Parties to the Settlement Agreement for their consideration. If Co-Lead Class Counsel and the NFL Parties by

consent, they will sul approved, you cannot	bmit it to the Court for ap at later Opt Out again.	proval. Complete	all section	s of this form. If your revocation is	
	I. Persoi	N SEEKING TO REV	OKE OPT	Оит	
Name	Howard	MO.	Ballar		
	Address 2				
Mailing Address	City		Sinle Zp		
Telephone Number					
Date of Birth		(Month/Day/Yea		
	II. STATEN	MENT OF INTENT A	ND SIGNAT	URE	
I wish to revoke my C				uded in the Settlement Class.	
Signature	HO Ballo		Date	10 7 /1 7 /12 0 1 7	
	W. H	low to Submit th	IS FORM		
By Email:		ClaimsAdministrator@NFLConcussionSettlement.com		or@NFLConcussionSettlement.com	
By Mail:		P.O. Box	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260		
By Online Portal:		Go to you Administ	Go to your secure online portal with the Claims Administrator and upload this signed PDF.		

www.NFLConcussionSettlement.com

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CONCUSSION SETTLEMENT

IN RE; NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION No. 2:12-md-02323 (E.D. Pa.)

REQUEST TO REVOKE OPT OUT FROM SETTLEMENT CLASS

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consent, they will submit it to the Court for approval. Complete all sections of this form. If your revocation is					
approved, you cannot later Opt Out again.					
	I. PERSON SEEKIN			UT	
Name	STEVE	MJ. BAUMGARINER			
Mailing Address	Address 2		State	Zep	
Telephone Number					
Date of Birth	(Month/Day/Featr)				
Settlement Class Member Type	I am a Retired NFL Football Player. I am a Representative Claimant. I have a legal right to act on behalf of a Retired NFL Football Player. I am a Derivative Claimant. I have certain legal rights because of my relationship with a Retired NFL Football Player.				
	II. STATEMENT OF	NTENT A	ND ŞIGNATU	RE	
I wish to revoke my Op	t Out from the Settlement Class	and inst	tead be inclu	ded in the Settlement Class.	
Signature	STEVEBAUNG	ETVE	Date Date	10171116112101171	
III. How to Submit this Form					
By Email:		ClaimsAdministrator@NFLConcussionSettlement.com			
By Mail:		NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260			
By Online Portal:		Go to your secure online portal with the Claims Administrator and upload this signed PDF.			

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	L Perso	N SEEKING TO F	LEVOKE OPT OU		
Name	Tyrone	M.I.	Carter		
Mailing Address	Address 1 Address 2		7.500		
	City		State	Zip	
Telephone Number					
Date of Birth	(Month/Culy/Year)				
	IL STATE	MENT OF BITTEN	AND SIGNATURE		
I wish to revoke my O	pt Out from the Settlem	ent Class and in	stead be include	ed in the Settlement Class.	
Signature	17	H	Date	017111411711	
	/ m	low to Susuit	THIS FORM	A POLICE TO SECRET	
By Email:		ClaimsAdministrator@NFLConcussionSettlement.com			
By Mail:		NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260			
By Online Portal:			Go to your secure online portal with the Claims Administrator and upload this signed PDF.		

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CONCUSSION SETTLEMENT

IN RE, NATIONAL FOOTBALL LEAGUE PLAYERS CONCUSSION INJURY LITIGATION
No. 2:12-md-02323 (E.D. Pa.)

REQUEST TO REVOKE OPT OUT FROM SETTLEMENT CLASS A person who Opted Out of the NFL Concussion Settlement may request to revoke that Opt Out by completing this form and sending it to the Claims Administrator. The Claims Administrator will present the request to the Parties to the Settlement Agreement for their consideration. If Co-Lead Class Counsel and the NFL Parties both consent, they will submit it to the Court for approval. Complete all sections of this form. If your revocation is approved, you cannot later Opt Out again. I. PERSON SEEKING TO REVOKE OPT OUT Palmer Paul Name Add was Address 2 Mailing Address City Telephone Number Date of Birth (Monthebaya Year) II. STATEMENT OF INTENT AND SIGNATURE I wish to revoke my Opt Out from the Settlement Class and instead be included in the Settlement Class. Date Signature III. HOW TO SUBMIT THIS FORM By Email: ClaimsAdministrator@NFLConcussionSettlement.com NFŁ Concussion Settlement Claims Administrator By Mail: P.O. Box 25369 Richmond, VA 23260 By Online Portal: Go to your secure online portal with the Claims Administrator and upload this signed PDF.

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CONCUSSION SETTLEMENT

IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION No. 2:12-mg-02323 (E.D. Pa.)

REQUEST TO REVOKE OPT OUT FROM SETTLEMENT CLASS

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	I. PERSO	N SEEKING TO F	REVOKE OPT	Оит
Name	Jvonne	MI	Parke	
Mailing Address	Address 7 City		State	Σp
Telephone Number				
Date of Birth			(Month/Day/Year)	
	II. STATE	MENT OF INTENT	AND SIGNAT	URE
I wish to revoke my Op	ot Out from the Settlem	ent Class and in	stead be inclu	uded in the Settlement Class.
Signature	ALL	The	Date	0 7 1/1 9 1/1 2 0 11 7 1 (Month Oby/Year)
	III. F	low то Submit	THIS FORM	
By Email:		ClaimsAdministrator@NFLConcussionSettlement.com		
By Mail:		NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260		
By Online Portal:		Go to your secure online portal with the Claims Administrator and upload this signed PDF.		

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	REQUEST TO REVO	KE OPT OUT F	ROM SETTLE	MENT CLASS		
this form and sending Parties to the Settlem	Out of the NFL Concus it to the Claims Admin ent Agreement for their mit it to the Court for ap later Opt Out again.	istrator. The Clair consideration. If	ns Administrate Co-Lead Class	or will present the re s Counsel and the N	equest to the NFL Parties both	
		N SEEKING TO RE	VOKE OPT OU	r		
Name	George	M.I.W	W Rogers			
Mailing Address	Address 1 Address 2 City		Stain Zap			
Telephone Number						
Date of Birth		1_1_1/	/ MonttvClay/Year)			
	II. STATE	MENT OF INTENT	AND SIGNATUR	E	SHIP SHIP	
I wish to revoke my O	pt Out from the Settlen	nent Class and ins	stead be include	ed in the Settlement	t Class.	
Signature	1017 12 14 1/2 10 11 17 1 (Morth Day Year)			2 0 1 7		
	/II.	How to SUBMIT	THIS FORM			
By Email:		Claims	ClaimsAdministrator@NFLConcussionSettlement.com			
By Mail:		Claims P.O. B	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260			
By Online Portal:		Go to your secure online portal with the Claims Administrator and upload this signed PDF.				

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